## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
John Bolton Super PAC	C C00542464
	M M / D D / Y Y Y Y
Check if 24-hour report X 48-hour report New report Amends report	
Full Name of Payee Campaign Solutions	Date of Public Distribution/Dissemination
	09 / 18 / 2014
Mailing Address 117 N. Saint Asaph Street	Amount
City State Zip Code	195.18
Alexandria VA 22314	Transaction ID : SE.18119  Date of Disbursement or Obligation
Purpose of Expenditure voter contact Category/ Type	09 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:
Scott Brown Oppose	President State: NH State:
	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
CD, Inc.	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P. O. Box 1877	Amount
City State Zip Code	258240.00
Alexandria VA 22313	Transaction ID : SE.18120  Date of Disbursement or Obligation
Purpose of Expenditure media placement Category/ Type	09 / 19 / 2014
Name of Federal Candidate Support	Office Sought: House District:
Scott Brown Oppose	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 268304.42	Disbursement For:  Primary
( ) CURTOTAL of Booking the dependent Empandament	250425.40
(a) SUBTOTAL of Itemized Independent Expenditures	258435.18
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>•</b>
(c) TOTAL Independent Expenditures	<b>•</b>
Under penalty of perjury I certify that the independent expenditures reported herein were n with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Nancy H. Watkins  [Electronically Filed] Date Signature	09 19 2014
Signature	